**[DATE]**

**[NAME]**, **[DEGREE]**

**[TITLE]**

**[INSTITUTION]**

**[CITY], [STATE]**

Dear **[NAME]**:

Greetings from Dartmouth-Hitchcock (D-H)! This letter is to confirm your participation at the **[ACTIVITY TITLE]**at **[ACTIVITY LOCATION]**in **[ACTIVITY CITY, STATE]** on **[ACTIVITY DATE]**. On behalf of the Activity Director and Planning Committee, I will work with you to finalize arrangements for your participation, provide you with details and additional information about your visit, and request required information to make your presentation(s) successful. The link to the conference website is **[ACTIVITY WEBSITE LINK]**. On the website you will find the plan of the day (including your presentation times), overall learning objectives, conference overview, and downloadable conference flyer/brochure.

We are delighted you have agreed to speak and look forward to your presentation. To simplify the many details you and we must manage, this letter contains sections below, organized by **Activity Details**, **Academic Accreditation**, and **Presentation Details** with required items, audiovisual needs, due dates, and contact information. We hope you find this information helpful.

**Activity Details**

* + - 1. **[ACTIVITY SPEAKER COMPENSATION PARAGRAPH SAMPLE]**

The Planning Committee has arranged for an academic honorarium of $**[AMOUNT]**. Please complete the enclosed *W-9 Form* and return it to me by **[DATE]**. You will receive a check by mail after the event unless other arrangements have been made.

1. **[ACTIVITY TRAVEL ARRANGEMENT/REIMBURSEMENT SAMPLE]**

Your travel expenses will be covered by Dartmouth-Hitchcock. Please note, we can only reimburse for coach class fares. At the conclusion of your trip, please itemize your travel expenses (plane, car, bus, etc.) and daily costs (meals not to exceed $50 per day, excluding alcohol) on the enclosed *D-H Reimbursement Request Form* and attach the original or scanned receipts. If you are driving your own vehicle, keep track of your mileage, D-H reimburses on a per mile basis. Please itemize expenses for which you will not generally receive a receipt (tolls, tips, etc.) on the *D-H Missing Receipts Form.* All forms should be return to me as soon as possible after the conference. You will receive a check by mail after the event. Please note this may take up to one month to process from the time you submit for reimbursement.

1. **[LODGING INFORMATION SAMPLE]**

Lodging arrangements have been made for you at **[HOTEL NAME]**. Check-in is on **[CHECK-IN DATE]** after **[CHECK-IN TIME]**; check-out is on **[CHECK-OUT DATE]** by **[CHECK-OUT TIME]**. For additional information and directions to the hotel, visit their website at **[HOTEL WEBSITE]**.

1. **[OTHER ACTIVITY DETAILS – This may include faculty dinner, etc.]**

**Academic Accreditation**

We kindly ask that you provide the items listed below to me by **[DATE]**, via e-mail **[EMAIL]**, fax **[FAX]**, or US Mail **[ADDRESS]**.

1. Learning objective(s) for your presentation. Typically one or two learning objectives per hour of presentation time is sufficient. **[IF APPLICABLE – This does not apply to CME programs.]**
2. Conflict of Interest (COI)/Resolution Policy Form (enclosed)
3. Biographical Data Form (enclosed) for introductions and nursing accreditation. **[IF APPLICABLE]**

The Conflict of Interest (COI)/Resolution Policy Form is required to **disclose** to the audience any real or apparent conflicts of interest or lack thereof related to the content of the presentation. Any disclosures by activity directors, planning committee members, speakers, authors or anyone in a position to control content offered during an educational activity must be **resolved** ***prior*** to an educational activity being delivered to learners.

If you indicate any relationship(s) with industry on your COI Form, we ask that you send your draft slides as well as planned handouts (if any) by **[DATE].** They will be forwarded to the Activity Director, D-H Nurse Planner, CME Associate Dean, CME Director, CNE Director, or appointed Geisel Faculty for resolution. If you disclose a conflict of interest and fail to submit your presentation materials, you will not be able to present.

**Presentation Details**

We kindly ask that you provide the items listed below by **[DATE]**, via e-mail **[EMAIL]**, fax **[FAX]**, or US Mail **[ADDRESS]**.

1. Slides/Handouts

	* Slides - Please do not use dark backgrounds as they present a problem when printing.
	* Handouts - Please send copyright permission from the publisher for any published materials you wish to have provided as handouts to the participants.
* Please bring your presentation on a USB flash drive for back-up purposes.
1. Audiovisual Equipment: An LCD projector, microphone (if needed), and a laser pointer will be provided.
* Do you need a laptop for your session? [ ]  Yes [ ]  No
* Do your slides contain any audio clips? [ ]  Yes [ ]  No

 *If so, please be sure to bring the file that contains the audio clips, not just your presentation.*

* Do you want to use an Audience Response System? [ ]  Yes [ ]  No

 *If yes, please contact me to receive instructions in advance.*

1. **[IF YOU PLAN ON RECORDING THE PRESENTATIONS, INSERT: PLEASE COMPLETE AND RETURN THE ATTACHED FORM TO GRANT US PERMISSION TO RECORD YOUR PRESENTATION]**
2. Other Equipment or Special Arrangement Requests (Please specify):

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*Please plan to arrive at the conference site at the beginning of the conference or during a break prior to when you are scheduled to speak so that we can set up and go over any audiovisual needs you may have.*

For personal requests, accessibility needs, dietary or any other requests, please contact me by **[DATE]**.

On behalf of the Activity Director and Planning Committee members, I wish to express our gratitude and excitement at having you as a presenter for our program. If you have any questions or concerns, please do not hesitate to contact me.

Sincerely,

**[ACTIVITY COORDINATOR NAME]**

**[ACTIVITY COORDINATOR TITLE]**

**[ACTIVITY COORDINATOR DEPARTMENT]**

**Contact Information:**

Email: **[ACTIVITY COORDINATOR NAME]**

Direct Phone Number: **[ACTIVITY COORDINATOR NAME]**Email: **[ACTIVITY DIRECTOR E-MAIL]**

Direct Phone Number: **[ACTIVITY DIRECTOR PHONE NUMBER]**

cc: **[CONTACT NAME, if applicable]**

***Enclosures:***

1. ***W9 Form***
2. ***D-H Reimbursement Request Form***
3. ***D-H Missing Receipts Form***
4. ***D-H Conflict of Interest (COI) and COI Resolution Form***
5. ***DHMC Recording and Interviewing Authorization Release* [IF NEEDED]**
6. ***Biographical Data Form***

**Travel Directions and Parking Information**

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| **Airports*** **Lebanon Municipal Airport** Flies Cape Air and has limited flights. Less than 10 miles to the Medical Center. <http://flyleb.com>
* **Manchester-Boston Regional Airport**Approximately 75 miles to the Medical Center. Would need to rent a car. [www.flymanchester.com/about](http://www.flymanchester.com/about)
* **Boston-Logan International Airport**Approximately 130 miles to the Medical Center. [www.massport.com/logan-airport/Pages/Default.aspx](http://www.massport.com/logan-airport/Pages/Default.aspx)
 |
| **Regional Bus Service to and From Boston, New York and Manchester**Dartmouth Coach has a regular schedule to and from Lebanon/Hanover to Boston (including Logan Airport) or New York City. For more information, visit [www.dartmouthcoach.com](http://www.dartmouthcoach.com). |
| **Car Rentals**Car rental services may be arranged through Milne Travel Office via Susan Belisle, sue.belisle@milnetravel.com. We recommend using a rental car if flying in and out of Manchester Airport which is approximately 75 miles from Lebanon/Hanover, NH and Norwich/White River Junction, VT (where certain hotels are located). |
| **Local Bus Service**There is a local bus service in the Hanover/Lebanon area via the free Advance Transit bus system. Please see their website, [www.advancetransit.com](http://www.advancetransit.com), for details. |
| **Hotel Shuttles**Some local hotels offer shuttle service to DHMC. Please consult your hotel’s website. If you do not drive and park and there is no convenient hotel shuttle, please consult your Activity Director for information about who will pick you up at your hotel on the day(s) of your presentation. |
| **Taxi Service**There is limited taxi service in the Hanover-Lebanon region, however, you may contact the business below. Please note that wait times for taxis can be problematic.* **Big Yellow Taxi**603-643-8294 <http://www.bigyellowtaxis.com>
 |
| **Parking at Dartmouth-Hitchcock Medical Center**Parking information is available on our website at http://med.dartmouth-hitchcock.org/ccehs. All weekday conference and meeting speakers and attendees are asked to park in Lot 9 and use the Lot 9 shuttle service. Shuttles run approximately every 30 minutes on the half hour starting at 6:30 am and ending at 6 pm. Please allow enough time to accommodate this schedule.  |